

INK--THIS IS A PERMANENT RECORD  
RATE RETURN must be made for each, and the number of each in  
of birth stated.

PLACE OF BIRTH

SUPPLEMENT ATTACHED

# ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Hinkelman

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 207

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Angel Ruiz (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth May 3 1927 Month Day Year

8. FATHER Full name Carlo Ruiz

9. Residence (Usual place of abode) Hinkelman If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Florida (State or country) Arizona

13. Occupation Laborer Nature of industry Smelter

14. MOTHER Full maiden name Francisca Miranda

15. Residence (Usual place of abode) Hinkelman If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Fieldman (State or country) Arizona

19. Occupation Housewife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 11:30 m. on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Charles H. Stinson (Physician or midwife) Address Hayden Arizona

Given name added from a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_ Filed June 1 1927 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

499-521-3111